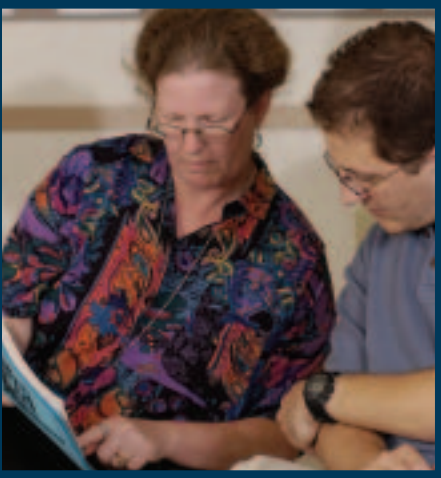
The Interpreter's World Tour

An Environmental Scan of Standards of Practice for Interpreters



The California Endowment

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Prepared for the National Council on Interpreting in Health Care

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Warm thanks are also due to the volunteer NCIHC translators who gave generously of their time to translate codes of ethics or standards of practice for interpreters. The final list of translators includes Hanneke Bot (Dutch), Allison Carroll (Portuguese), Disa Jernudd (Swedish), and P. Elana Pick (Russian). Others sent in codes of ethics or related documents: Lisa Bell, Cornelia Brown, Myranda Emmerechts, Iraí Rayén Freire, Ulisses W. Carvalho, David Jones, Henry Liu, Susan Martor, Toni Phipps, Anatoly Polyakov, Cynthia Roat, Christopher Rutledge, Alyssa Sampson, Uwe Schroeter, and Shari Wilson. In addition, sincere thanks go to the interpreters, administrators, researchers, and others who wrote in response to enquiries about interpreting in their region. In some cases they also researched interpreter websites in other languages or gave research leads. These contributors include Fathi Al Salti, Jean-Pierre Allain, Jan Christian Andersen, Leyla Ayas, Raoul Breugelmans, Nur Camat, Helen Ciolkovitch, Ali Darwish, Per Dohler, Esther Diaz, Stephen H. Franke, Pierre-Claver Ilboudo, Rikke Plett, Marjorie Robotham, Chunghee Ryu, Annie Trottier, Hans.Verrept, Kim Wallmach, Xuezheng Wang, and Sarah Yarkoni, as well as some of the volunteer translators listed above. Dr. Richard Keller of HealthReach and Judith Soloduk at CTS Language Link kindly allowed us to review their private interpreter training manuals. My special thanks to Kinza Schuyler for her sharp editorial eye and detailed comments.

Altogether, individuals from nearly two dozen countries made unique contributions to our body of knowledge about this field. It is heartening to see a community of interpreting that transcends national boundaries to promote communication across barriers of language. It is a sign, too, of the generosity and open-mindedness that have characterized the profession of interpreting for centuries. Our thanks to all.

Around the world, the need for trained interpreters in public services is acute. Yet the professionalization of interpreting is rough and uneven, in part because most interpreters lack national codes of ethics and standards of practice to guide their work.

In the United States, increasing levels of immigration combined with a shortage of trained interpreters have led to a crisis in health care interpreting. The National Council on Interpreting in Health Care (NCIHC) recently drafted a national code of ethics for interpreters in health care. It has also undertaken a project funded by The Commonwealth Fund and The California Endowment to prepare national standards of practice for interpreters in health care. As part of that project, this environmental scan was conducted to analyze standards of practice from around the world and within the U.S. The following areas were considered:

- general interpreting
- health care/medical interpreting
- court and legal interpreting
- community and liaison interpreting
- conference interpreting
- sign language interpreting

The underlying goal of the scan is to support the development of national standards of practice for interpreters in health care that will guide training and lead to larger numbers of skilled medical interpreters.

In all, this scan reviewed 145 documents in 11 languages from 25 countries. Three dozen U.S. states were represented. Of these documents, 28 were called—or included—codes or guidelines for practice or standards of practice. No clear-cut distinction could be found between codes of ethics, codes of conduct, codes of professional responsibility, guidelines for practice, codes of practice, and standards of practice. Among the findings of the scan:

- Codes of ethics, conduct, or professional responsibility easily outnumbered guidelines or standards of practice for interpreters, by about 5 to 1.
- Documents were most commonly found in the industrialized nations with high levels of immigration: the U.S., Canada, Australia/New Zealand, and Europe.
- Few such documents were found in developing nations.

In most industrialized nations, conference, legal, and/or sign language interpreting are far more developed than community or health care interpreting. With few exceptions, conference interpreting is the only established area of interpreting in most developing nations. These findings were corroborated by interpreters around the world.

In addition, general, community, and health care interpreting appears to be driven not only by increased migration but by the presence and promotion of "language access laws": that is, laws that govern the provision of interpreters and translations in public services. Typically, the goal of such laws is to protect vulnerable citizens

when they access community services. These laws appear to influence not only the development of standards of practice but the professionalization of interpreting. For example, in the U.S., provisions in the Americans with Disabilities Act call for providing sign language interpreters in public services. This legislation is widely known and enforced. Sign language interpreting in the U.S. today has two national codes of ethics, detailed national standards of practice, and certification and testing procedures.

Findings of this scan fell into two major categories:

- How standards of practice are emerging around the world
- A comparison and analysis of the content of the standards

A SNAPSHOT OF THE WORLD

In general, professional associations of interpreters are the organizations that draft codes of ethics and standards of practice for their members. Government agencies, interpreter services, and specialized nonprofit organizations sometimes draft standards of practice.

Africa. Few documents were found. Conference interpreting exists in pockets across the continent, and most conference interpreters follow the Code of Ethics and Professional Standards laid down by the International Association of Conference Interpreters (AIIC). General, medical, sign language, and legal interpreting are emerging professions driven by indigenous languages. In South Africa, the professionalization of interpreting has made swift strides: a professional association has developed a code of ethics and other documents to guide interpreters.

Asia. Few standards of practice were found. Government interpreting long dominated Russia and China, but documents about interpreting standards are not easily obtained, if they exist. Currently, conference interpreting is established throughout Asia and dominates the field: most interpreters follow AIIC ethics and standards. In many countries, sign languages are not recognized as official languages.

Australia/New Zealand. The profession is highly advanced, particularly in Australia. A national professional association has issued a detailed Code of Ethics and a Code of Practice, and a national accreditation authority tests interpreters and certifies all types of interpreters at four professional levels. New Zealand, though less advanced, is making earnest efforts in community interpreting. Both countries have national codes of ethics for sign language interpreters.

Canada. General interpreting is a well established profession with a national certifying body and 3,500 members, about 2,500 of whom are certified. Relatively few standards of practice have been drafted to date, but codes of ethics for interpreters are legion. Health care and community interpreting are emerging professions, while general, sign language, and legal interpreting appear well established. The federal government has issued a call to establish national standards of practice for medical interpreters.

Europe. Many codes of ethics were found but few standards of practice. The United Kingdom leads the way, with a national registry of interpreters, a sophisticated National Center for Languages, and detailed standards of practice. Progress is rapid in some nations, slow in others. In 1953 AIIC was founded in Europe and counts 2,600 members in 88 countries. Legal, general and sign language interpreting are also well established: several nations have national ethics and standards of practice.

Latin America. Though both spoken and sign language interpreting are emerging as professions, most documents for this region were codes of ethics, not standards of practice. Many nations have active professional associations of interpreters. Conference interpreting remains the most established field, but sign language interpreter associations are starting to meet and advocate across national borders.

Following this lightning world tour of interpreting and interpreter standards of practice, the content of documents was compared and analyzed. The following findings emerged:

- Conference interpreting is the most established form of interpreting around the globe, with widely respected ethics and standards of practice.
- Sign language, general, and legal interpreting in industrialized nations are far more advanced than community or health care interpreting.
- Interpreting in health care as a profession with standards of practice is more firmly established in the U.S. than perhaps any other nation in the world.
- Medical and community interpreting are developing rapidly in several other nations.

The scan found that the vast majority of principles and requirements found in codes of ethics or conduct are also found in standards of practice, whereas the reverse is not so true. Documents about ethics or conduct serve to regulate interpreter behavior and address issues of "right and wrong," whereas standards of practice typically offer practical strategies to promote quality interpreting. Particular distinctions were noted:

- Professional standards for conference interpreting display a concern for logistics, contractual concerns, and working conditions.
- Standards for legal interpreters focus on reinforcing core ethics, in particular confidentiality, impartiality, accuracy, and the need to follow the rules and regulations of the court.
- Standards for community and health care interpreters are often preoccupied with interpreter roles and boundaries, cultural mediation, client well being, and promoting client-provider relationships to ensure that the consumer's end needs are met.

Issues found in virtually all codes of ethics or conduct and standards of practice, in one form or another, are confidentiality, accuracy and/or completeness, and impartiality. A few other concerns appear almost universal: interpreter competence and integrity; the need to avoid or declare conflicts of interest; and maintaining high standards. In comparing documents, this scan found that:

- Codes of ethics or conduct, in all areas of interpreting, vastly outnumber standards of practice (by approximately 5 to 1 among documents scanned).
- Codes of ethics were found around the globe, while far more documents on standards of practice were found within the U.S. than in other nations.
- Standards of practice for interpreting in health care may be unique to the U.S. and Canada.
- Standards for interpreters are not radically different in content from codes of ethics, though often presented differently.

Unlike codes of ethics, standards of practice often address such issues as roles, boundaries, meaning, culture, and managing the communication flow. In particular, standards of care for health care interpreters in the U.S. and Canada consider the following points in some detail: navigating roles; cultural mediation or brokerage; strategies for promoting communication; decisionmaking (about ethics, roles, and advocacy); health care logistics; and client well being.

The scan uncovered a number of contradictions among certain standards of practice, both within and across different sectors of interpreting. For example: whether the interpreter should remain alone with a client; be completely impartial or support and advocate the client; always interpret completely or sometimes summarize; restrict the interpreter's role to interpreting or include other roles (such as information and referral or mediation); interpret offensive language or offer the speaker a chance to rephrase.

In conclusion, it is clear that the development of standards of practice around the world and within the U.S. reflect the emergence of the profession of interpreting in general, and certain types of interpreting in particular. While standards of practice both across and within sectors contradict each other, they also affirm basic principles and practices common to nearly all professional interpreters.

If the number and sophistication of standards of practice signals the degree to which a profession is establishing itself, then the U.S. may well lead the way in medical interpreting. As a global leader, it may also bear a particular responsibility to develop national standards of practice for interpreters in health care.

STANDARDS OF PRACTICE FOR INTERPRETERS
AN ENVIRONMENTAL SCAN

An environmental scan is an overview of a particular field that reveals important trends, issues, and developments that may shape or determine the future of the field.

This environmental scan was conducted for the National Council on Interpreting in Health Care (NCIHC). It represents a summary of the complete report, which may be found on the NCIHC website at www.ncihc.org. The scan reviews standards of practice in several areas of interpreting that include:

- general interpreting
- health care/medical interpreting
- court and legal interpreting
- community and liaison interpreting
- conference interpreting

In addition to spoken interpreting, this scan reviews standards for sign language interpreting for the deaf.

> The absence of reliable national standards in the field of interpretation disadvantages consumers, resulting in lost revenue, inefficient and costly substandard interpretation and customer dissatisfaction.
>
> David Sawyer
> *The Monterey Institute of International Studies*

The reason for performing this scan was the urgent need to create national standards of practice for interpreters in health care. The results of this scan are intended to guide that work.

In the field of sign language interpreting, national codes of ethics and standards of practice already exist thanks to the work of the Registry of Interpreters for the Deaf (RID) and National Association for the Deaf (NAD). Their documents[1] have guided the certification of sign language interpreters in many states and shaped the professionalization of the field. By helping to ensure that sign language interpreters have a unified and clear understanding of their roles, including the skills required to interpret and parameters for professional conduct, these ethics and standards of practice have promoted quality interpreting services for deaf clients in the U.S., potentially improving their access to health, education and other community services.

National codes of conduct have also been established by U.S. federal courts and a consortium of state courts. These codes are exerting a considerable influence on legal and court interpretation. Such documents have contributed (both in the areas of policy and day-to-day practice) to the administration of justice and the professionalization of legal interpreting.

However, no national standards of practice have so far been established in the U.S. for interpreting in health care or community interpreting. The result has been a state of confusion across the country, where contradictory practices prevail even among trained interpreters. Overall, the quality of interpreting services is at best uneven. At worst, health care interpreting conducted without reliable standards of practice puts the health and well being of clients at serious risk.

PURPOSE OF SCAN

The purpose of this environmental scan was to collect a representative number of documents about interpreter standards of practice from around the world to assess the similarities and differences between standards. The scan also considers current trends in the field and how they influence the development and content of standards of practice for interpreters. NCIHC is using this information together with feedback from focus groups, stakeholders and conferences across the U.S. to draft national standards of practice for interpreters in health care over 2004 and 2005.[2] Such standards will offer guidance to interpreters about protocols, practices and skills that:

- Facilitate communication.
- Promote accurate interpreting.
- Support patient-provider relationships.
- Establish procedures for halting a session to mediate.
- Overcome social and cultural barriers to understanding.
- Promote ethical behavior.

For this scan, 145 documents from 25 countries describing the ethics, codes of conduct or standards of practice for interpreters were collected and reviewed. (See Appendix 1.) Documents from within the U.S. spanned three dozen states. Though the boundaries between these types of documents were often indistinct and blurred, it is fair to say that 28 addressed or included standards of practice (or "guidelines" for practice or a "code" of practice), though many codes of conduct or codes of professional responsibility also included or addressed professional standards. The types of documents reviewed included standards (or codes) of practice, guidelines for practice, codes of ethics, codes of professional conduct or responsibility, guidelines for ethical conduct, and many hybrid documents incorporating ethics, guidelines, and/or standards of practice.

The documents for this scan were collected from websites around the world, libraries, NCIHC members, the Cross Cultural Health Care Program in Seattle, and articles in books and journals. Some came in response to a request by the author to interpreter associations and interpreters around the world. The author was able to read comfortably in French, Spanish, German, and Catalan, while documents in Swedish, Danish, Dutch, Norwegian, Russian, and Portuguese were translated or summarized by volunteer translators for NCIHC.

For a set of definitions of the interpreting terms used in the scan, see Appendix 2. For definitions of the types of documents reviewed, see Appendix 3. "Community" interpreting is generally taken here to include interpreting in health care, educational, and social service settings.

> Community interpreting " *'facilitates full and equal access to legal, health, education, government, and social services' […]. This type of interpreting is also known as liaison, ad hoc, three-cornered, dialogue, contact, public service, and cultural interpreting; there is very little consensus about the definitions of these terms and whether or not they are synonymous.*"
>
> Holly Mikkelson
> Author of *The Interpreter's Rx*

LIMITATIONS OF THIS SCAN

An environmental scan is not prescriptive. Consider it a snapshot of the field: at a given point in time, the scan "photographs" a field of practice from as many angles as possible. It presents various views from a neutral perspective, giving weight to the most common perspectives while airing lesser known views that address important points. As a result, this scan will issue conclusions but not recommendations. Other limitations include:

- Lack of access to codes of ethics and standards of practice in some parts of the world (such as developing nations) that were not readily accessible.
- Limitations of time: this scan was performed over five weeks in January and February 2004.

Currently, in brute numbers, the U.S. is undergoing the largest wave of immigration in its history. Since 1970 the foreign-born population of the U.S. has more than tripled, going from 9.6 million in 1970 to 31.1 million residents by 2000.[3] In that year, 11.1 percent of the population was foreign born, while almost 18 percent of immigrants (about 47 million) spoke a language other than English at home.[4] In all, more than 21 million residents, about 8 percent of the U.S. population, spoke English less than "very well,"[5] meeting a common definition of "limited English proficient" (LEP). Current Census figures show the numbers are still rising, with 32.5 million foreign-born residents in the U.S. in 2002.

Unlike previous waves of immigrants to this nation, who came largely from Europe, the new wave is highly diverse. Census 2000 reports that about half of immigrants and refugees arrive from countries in Latin America, a quarter from Asia, and only 15 percent from Europe. A rising number come from Africa. Today, more than 300 languages are spoken in the U.S.

As a result, workers in health and human services across the U.S. reveal a growing frustration with language barriers. Their patients and clients are fearful and sometimes angry at being unable to communicate or pressured to bring their own "interpreters" (friends and family members),[6] while providers and administrators feel increasingly overwhelmed by the growing volume of LEP clients and the diversity of languages they represent.[7] The quality of interpreting is uneven—where it is available.[8] The shortage of trained interpreters in health care has grown acute.[9] Increasingly, access to health care by limited English speakers in the U.S. (including children)[10] is an issue of safety and paramount concern.[11]

The consequences of failing to overcome language barriers in health care are dramatic: as so many newspaper stories[12] and a growing body of research[13] illustrates, these consequences include late or incorrect diagnoses, inappropriate procedures, expensive but unnecessary tests—even death. In one highly publicized case, a 13 year old Hispanic girl in Arizona with severe abdominal pains was sent home from a hospital emergency room where no competent language assistance was provided. Her appendix ruptured, and she died.

Trained interpreters are sorely needed, but in medical and community interpreting there is no consensus on the standards of practice that would promote skilled interpreting and also protect the safety and well being of clients. As a result, there is an urgent need for a set of cohesive national standards to guide medical interpreter training.

A CHALLENGE: HOW TO DISTINGUISH ETHICS FROM STANDARDS?

No national consensus exists on a definition of "standards of practice" for interpreters. Among documents reviewed in this scan, there is extensive overlap in content between different types of documents. They may be described as existing along a continuum from ethics to practice. The general trend is as follows:

- An organization (e.g., a professional association, state court or interpreter service) drafts or adopts a code of ethics, a code of conduct and/or a code of professional responsibility. This code regulates conduct and is usually binding.
- Over time, the code is refined or a set or code of standards (or guidelines) for practice is drafted. These standards may be incorporated into the code itself or as a separate document.
- Some of these organizations then evolve a full or separate set of guidelines or standards of practice. Unless they are directly incorporated into codes of ethics (and some are), such standards are generally not binding. These voluntary standards constitute a set of recommended best practices that help to define the profession.

Most codes of ethic and codes of conduct or professional responsibility are binding on members and intended to regulate behavior, while standards (or codes or guidelines) for practice are non-binding and intended to promulgate best practices that promote the professionalization of interpreting and the quality of services provided.

Around the world, the same challenges that face interpreters in the U.S. have surfaced in many countries. While Australia, Canada and the U.S are historically considered to be nations of immigrants, increased migration around the world and particularly in Europe has led to a situation where almost no nation around the globe is without a need for interpreters on some occasions in public services. In a number of countries, the need has grown acute. Furthermore, the deaf and hard of hearing reside in every nation in the world, making the need for sign language interpreters universal. There is also a growing legal recognition in many countries that failure to provide interpreters for deaf or LEP clients of public services may constitute discrimination. Thus, the question of how to establish standards of practice for interpreters is a topical issue that faces dozens of nations.

This overview takes a tour of the globe. Along the way, it addresses language access laws; the types of organizations that draft standards of practice; and how ethics and standards of practice for interpreters are developing around the world.

LANGUAGE ACCESS LAWS

The Legal Rights of Linguistic Minorities

"No person in the United States shall, on ground of race, color, or national origin, be excluded from participation in, or be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."

Title VI of the U.S. Civil Rights Act of 1964

"Language access laws" is a term often used to refer to federal, state, or local legislation that governs the rights of linguistic minorities to language assistance in public services. National ethics and standards of practice appear more commonly in those nations where such laws exist.

National laws around the world governing the rights of linguistic minorities to use their own language when dealing with public authorities or publicly funded services have emerged in Europe, Australia and New Zealand, the U.S., Canada, India, the Philippines, South Africa, and other nations. Often a "sliding-scale" principle[14] requires that certain documents or interpreter services be made available in a minority language if a threshold percentage of residents speaking that language is met.[15]

Europe is an area with a large number of such laws governing different services or areas of interpreting. For court or legal settings in particular, the European Union is rich in language laws: member states are required to provide interpreters at no charge to LEP residents who interface with the judicial system,[16] while Belgium, Spain, the United Kingdom, and Denmark have adopted their own laws.[17]

"Language access laws" are often a driving force in the creation or adoption of ethics and standards of practice for interpreters.

Australia, where a language policy issued in 1987 addresses equal access of Australians to public services, has been called the first nation in the world "to have a multilingual languages policy."[18] Australia's national service of trained, certified public interpreters may be the most sophisticated system of its kind in the world. In New Zealand, residents have the legal right to an interpreter in three settings: the justice system, health care and elections.[19]

While no cursory attempt to review language laws in Canada can do justice to their complexity or the political controversy they have generated,[20] the Canada Health and Human Rights Acts require that all citizens receive equal access to public services, though the impact of these laws on services is still unclear.[21] Sign language interpreting is not routinely provided for clients of community services in Canada since it is not mandated by law.[22]

In developing nations, language access laws appear to be the exception rather than the rule. One striking exception is South Africa, where the Constitution mandates that all residents have the right to "receive education in the language of their choice, to use the language of their choice and to participate in the cultural life of their choice."[23] In 2000, a bill was passed to regulate interpreting and the government issued a final draft of its "Language Policy and Plan for South Africa."[24] A national telephonic interpreting service was established in 2002, the first of its kind in Africa.

Turning to the U.S., Title VI of the Civil Rights Act of 1964 is considered the key law governing access to community services by LEP residents. It specifically states that no person shall "on the ground of race, color, or national origin," be subjected to discrimination under any program or activity receiving Federal financial assistance.[25] According to the Office for Civil Rights (OCR) of the U.S. Department of Health and Human Services, the law requires that recipients of federal financial assistance take reasonable steps to ensure meaningful access by LEP persons to their programs and services. There is no threshold stipulation for oral language services: even one LEP potential client may trigger the requirement. However, a minimum threshold (5 percent or more of the population of a jurisdiction speaking another language) is applied to trigger the requirement to translate vital documents. Some states such as Maryland, Washington, Oregon, and Indiana, and several municipalities (most recently Washington, D.C. in 2004) have also enacted their own laws to govern the provision of interpreters or certify interpreters in public services. These laws are currently becoming more widely known and enforced, and their impact on health care and community interpreting is felt across the nation. It is fair to say that Title VI is currently influencing the professionalization of medical interpreting and the development of standards of practice.

"The various sign languages used by deaf people all over the world are low-status languages; in fact, many linguists only recently accorded them the rank of full-fledged languages, and the lay public is generally unaware of how sophisticated these languages are."

Holly Mikkelson

For court interpreting, the rights and liberties of residents described under the Fourth, Fifth, Sixth, Eighth and Fourteenth Amendments may be meaningless for non- or limited-English speakers unless interpreters are provided: several court cases (some recent, and at least one dating back to 1970) have addressed this issue.[26] The Court Interpreters Act passed in 1978 and other U.S. laws also appear to require meaningful access to court proceedings through the provision of interpreters. These laws in turn have greatly influenced the professionalization of legal interpreting in the U.S. and the development of ethics and standards of practice.[27]

Laws for the Deaf and Hard of Hearing

In the U.S., the Rehabilitation Act of 1973 (Section 504) and the Americans with Disabilities Act (ADA) of 1990, Titles II and III, makes specific reference to the provision of "qualified interpreters."[28] Several states have legislated a certification requirement for sign language interpreters. While similar laws legislating against discrimination in the access of the deaf to public services exist in many countries around the world, outside some nations in Europe the laws are not widely respected, for example, in Australia[29] and Canada.[30] Many nations have no such laws at all. There are exceptions to this trend, particularly in the Netherlands,[31] Finland,[32] France[33] and the United Kingdom, where in 1995 the Disability Discrimination Act (DDA) was passed. In the developing world, there are encouraging signs, for example in Thailand and South Africa.[34]

WHO CREATES STANDARDS OF PRACTICE?

Around the world, professional associations of interpreters (whether large or small) are the organizations that most commonly lay down standards of practice. In some cases, commercial or nonprofit interpreter services have set standards regulating staff and contract interpreters. A few national or state governments and specialized nonprofit organizations have also intervened to establish standards.

Conference interpreting is the most established field of interpreting worldwide. The only large international body to set international standards for interpreters is a professional association: the International Association of Conference Interpreters[35] (AIIC). Founded in 1953, AIIC stretches around the globe: it counts 2,600 members in 88 countries who interpret in 46 languages. The AIIC Code of ethics and standards of practice have been adopted by all its members. In some developing nations, these are virtually the only ethics and standards adopted by interpreters; they also influence training programs around the world.[36]

In industrialized nations, many professional interpreter associations have laid down a code of ethics for legal and general interpreting. In Belgium both the government and private interpreter organizations are involved in the development of codes of ethics, while in the United Kingdom CILT (the National Center for Languages), a nonprofit organization promoting language capability, is responsible for the national standards in interpreting. Around the world, a number of private interpreter services have created their own codes of ethics and standards of practice, while in the U.S. NCIHC, a nonprofit with the mission to promote culturally competent interpreting in health care, is currently drafting national standards of practice.

STANDARDS OF PRACTICE AROUND THE WORLD

Around the world, training, accreditation and standards of practice for conference, legal, and sign language interpreters are more common than similar developments in community or health care interpreting. Health care interpreting is still in its infancy. Perhaps ironically, diplomatic and conference interpreting is the most established type of interpreting in developing nations. However, the importance of community interpreting as an emerging global field is well illustrated by the international "Critical Link" conferences on community interpreting.[37]

The U.S. appears to lead the rest of the world in standards for health care interpreting: the author was unable to procure standards of practice in this specific field outside the U.S except in Canada (despite attempts to obtain a document from Switzerland). Yet nearly a dozen such documents were found within the U.S.[38]

Australia. In Australia, in 1996, the Australian Institute of Interpreters and Translators (AUSIT) adopted a national code of ethics for interpreters together with a detailed code of practice that amplifies and illuminates the code of ethics. This code is used for all types of interpreting. The foreign born do not pay for these interpreters. Anecdotally, Australian practitioners in the field express concerns about the lack of resources needed to ensure that trained, professional interpreters follow accepted standards of practice. Nonetheless, Australia appears considerably more advanced in the professionalization of general interpreting than any nation in the world (though England also has a sophisticated system for training, assessing, and registering interpreters). The Australian licensing agency is the National Accreditation Authority for Translators and Interpreters (NAATI). NAATI accepts and supports the AUSIT code and standards but also considers and promotes other codes of ethics and standards when it tests interpreters in order to certify them. Certification exists at four levels[39] and includes sign language. The Australian Association of Sign Language Interpreters has laid down both a Code of Ethics and Guidelines for the Application of this code.

New Zealand. The government has issued a national code of ethics for community interpreting but no standards of practice.[40] Many untrained, informal interpreters (family members or friends) are still used.[41] The government is engaged in broad educational efforts to promote the use of trained, professional interpreters wherever possible. The Sign Language Interpreters Association of New Zealand has laid down both a code of ethics and a code of practice for interpreters.

Canada. The Canadian Translators, Terminologists and Interpreters Council (CTTIC) is not a professional association but rather a certifying organization with 11 provincial and territorial member bodies serving 3,500 language professionals, about 2,500 of whom are certified in legal or conference interpreting. CTTIC has laid down its own code of ethics but no detailed standards of practice. Most provinces have developed their own ethics and/or minimal standards of practice. The Association of Visual Language Interpreters of Canada (AVLIC) drafted a national code of ethics and a detailed set of guidelines for conduct adopted in many provinces. National training and accreditation for sign language interpretation have outpaced similar developments for spoken interpreting[42]

From Canada:
A comprehensive report on interpreting in health care settings released in 2001 by Health Canada issues a strong recommendation for establishing national standards of practice for interpreters in health care.

From Denmark:
"We in our association do not have a standard code of ethics that we follow. We used to have something called "the ten commandments of a sign language interpreter". But they became outdated some time ago as we felt that the "real" world was more complicated than they implied. We would like to focus on creating a new set of standards but haven't as yet had the time nor energy needed. During the 3 and a half years of studying and training it takes to become a sign language interpreter in Denmark much effort is being put into teaching the students about ethics."

Rick Plette
The Sign Language Interpreters Association of Denmark

From Belgium:
Intercultural mediators in a federal project were trained for one day a week. Three days a week, they worked as both interpreters and mediators, and on the remaining day they worked under supervision. After eight years, the government discontinued funding for the project, but most of the mediators found work in health care. A federal office that evaluated the project found that hospitals and patients highly valued the services of the mediators because they enhanced communication and the accuracy of diagnoses, improved the cultural sensitivity of hospitals (for example, having a room set aside where Muslim patients could make prayers without disturbance), earned the trust of patients, and improved patient satisfaction.

and appear to be more cohesive and unified. Court interpreting is advancing as a profession, and federal courts sometimes make use of provincially-certified interpreters.[43] Community interpreting lacks a national code of ethics or standards of practice, though standards of practice for health care interpreting were developed in British Columbia in 1996.[44]

Both the federal government and advocacy groups are deeply concerned about health care and community interpreting (18.4 percent of the Canadian population was foreign born in 2001[45]). The concern is also for Native Canadian populations[46] and standards for cultural mediation.[47] The internationally respected "Critical Link" conferences on community interpreting began in Canada in 1992.

Europe. In Europe, interpreting is undergoing a rapid evolution. Over 50 years ago Europe was the cradle of conference interpreting, and this profession with its AIIC ethics and standards of practice remains strongly rooted here. Sign language interpreting is also well established; the European Forum of Sign Language Interpreters counts more than 20 member nations. Many have adopted national codes of ethics and/or standards. In the Netherlands in 1998, a four-year combined training program in Dutch Sign Language for interpreters and teachers was inaugurated and a registry of interpreters established.[48]

The field of court interpreting is struggling to professionalize. The Grotius Project culminated in *Aequitas*:[49] a proposed agreement for the European Union that addresses court and legal interpreting in member nations. This document is richly detailed and includes a code of ethics and conduct for interpreters, guidelines to good practice, quality assurance and disciplinary procedures. It illuminates the depth of thought and collaboration across borders that have gone into the development of international standards for interpreters.

The professionalization of community interpreting in Europe lags behind conference, court, and sign language interpreting but is developing swiftly. Perhaps the most interesting development is that of "cultural mediation," "intercultural mediation," and health care advocates in (respectively) Switzerland, Belgium and England.

From Sweden:
In Sweden, it is believed that about 5,000 interpreters are practicing today, of whom about 800 are certified in 34 languages. Standards for all the interpreters were established in 1996, and certification can be obtained in different areas of interpreting.

A professional association in Belgium (the Belgian Chamber of Translators, Interpreters and Philologists) has developed a set of national standards for interpreting and translation. Currently, the government is developing a code of conduct for these mediators. A private agency reports that Belgian agencies are planning to adopt a unified code of conduct.[50] In Switzerland, intense efforts are underway here to formalize community and health care interpreting and cultural mediation, while a survey of interpreters and mediators showed their willingness to engage in 200, 300 or even 400 hours of training.[51]

In the United Kingdom, The National Center for Languages (CILT) has developed a set of National Standards in Interpreting (first published in 1996) intended to assess the linguistic proficiency and professional competence of an interpreter. The Institute of Linguists has a Code of Professional Conduct for general interpreting, while the Institute of Translation and Interpreting (representing primarily court, business and conference interpreters) has a Code of Professional Conduct, Standards of Conduct and Standards of Work; it also administers proficiency tests. A professional association in Ireland has developed its own national code of ethics for interpreters, and the Scottish Association of Sign Language Interpreters has a national Code of conduct, Code of Practice, and Guidelines (for practice). The Association of Sign Language Interpreters for England, Wales and Ireland has developed a transnational Code of Conduct and Standards of Work as well as a Code of Practice for Educational Interpreters. Finally, the United Kingdom also has a National Register of Public Service Interpreters.

Progress across the rest of Europe is uneven. France has developed a code of ethics and a relatively sophisticated approach to practice for sign language interpreters. However, the Société française des traducteurs (SFT), a national union of about 900 translators and interpreters has not yet developed a code of ethics for general interpreting. The Union Nationale des Experts Traducteurs-Interprètes près les Cours d'Appel (UNETICA), a national organization for expert court interpreters and translators, has no code of ethics or standards for interpreters but is regulated by a national code of ethics for expert professions.

From France:
One discouraged interpreter in Paris reports that any interpreter can do *"anything, unfortunately,"* and no standards for interpreters are even in the *"planning stages."* Another says that efforts to create national standards in France were derailed in part by AIIC, which (she claims) prefers to regulate its own members and does not want a national government to *"come in and regulate for them."*

From China and Korea:
One Chinese interpreter reports that a professional association is just *"around the corner."* As for community or medical interpreters, it is doubtful such a profession will soon emerge, since due to the rapid deregulation of the *"once excellent universal health care, there's virtually no more community health care."*

A Korean interpreter reports that in Korea professional associations are not yet established, the need for interpreters is in an early stage, and even the ethics of the profession have yet to be laid down.

From Southeast Asia:
I am not aware of any code of ethics for interpreters in Thailand or conference interpretation in Thai, Malay, Vietnamese, Cambodian, Indonesian or Lao. None of them are professionally trained conference interpreters […] Some ten Thai interpreters have recently founded a national association of conference interpreters in Thailand, but they have not yet developed a code of ethics. […] There is no community nor health interpreting in Thailand or the neighbouring countries, to my knowledge. In my 20 years in this region I have never come across community interpreters as a profession, though I imagine there must be people who *'translate'* in health care facilities or courts when it involves people of minority ethnic groups.

Jean-Pierre Allain
AIIC Interpreter

Elsewhere in Europe, many professional associations have established codes of ethics and/or standards of practice. Most apply to general or sign language interpreting. One private communication from Germany expressed some frustration with outdated, inadequate national ethics.

Latin America. National codes of ethics or standards of practice for interpreters are not common. Where progress is being made, the work typically comes from professional associations. Some organizations, such as those in Brazil, Colombia, and Argentina, have created their own codes of ethics or practice, while others use or adapt those of AIIC. A transnational association of conference interpreters in the Americas, The American Association of Language Specialists (TAALS), counts 150 members in 12 countries spanning North and South America (and, more recently, other countries). TAALS abides by AIIC ethics and standards but has developed its own document.

Sign language interpreting has found a challenging path in Latin America. A group of sign language interpreters has aired concerns in writing to the World Association of Sign Language Interpreters about how interpreters in the industrialized world have failed to grasp many of the challenges that face interpreters in the developing world.[52] In 2001, the first meeting of sign language interpreters from across South America was held in Uruguay, with 10 countries represented.

Asia. In general, outside the established field of high-level conference interpreting, the interpreting profession is emerging slowly. Professional interpreter associations are not common. Occasionally, as in Indonesia, a private translation and interpreter service may fill this void by creating or adopting its own code of ethics. In Malaysia, in 1993, the government created a translation and interpreter service. As in the former Soviet Union, interpreters in China for a long time were, almost exclusively, government employees; no documents could be obtained by the author from this region. In the roughly 20 years since interpreters could work as freelancers in China, three sources report that non-government interpreters generally follow the AIIC code, which appears to be the case throughout Asia.[53]

In Japan, a Medical Interpreters and Translators Association (MITA) in Tokyo has its own website and regular meetings. MITA reports that a code of ethics is needed and under consideration. One interpreter in Japan believes that most commercial services follow AIIC-based codes or standards.

Turkey, a country that partly straddles Europe but is located primarily in Asia, has an association of interpreters that appear to practice the AIIC code of ethics. One transnational group in the region, Asia Pacific Conference Interpreters, follows AIIC ethics and standards of practice.

The Middle East. The reviewer was unable to locate a professional association of interpreters in the Middle East except in Israel. Three different sources (one Israeli and two Arab interpreters) have confirmed that no codes of ethics and standards of practice have been developed in Arab countries or Israel. Paradoxically, a number of universities in the region offer four-year degrees in interpreting and translation.

Africa. The importance of spoken interpreting is capital in many African countries due to a rich panoply of indigenous languages. Interpreting is an emerging profession. The South Africa Translators Institute is a professional association of interpreters and translators established in 1956 with a code of ethics, accreditation for members, and a certification process for sign language interpreters. The University of South Africa has developed a BA program in court interpreting; and Wits University offers a graduate program in translation and interpretation. The courts of South Africa have long used interpreters but more recently focused on improving their training.[54] One article advocates cultural brokering and mediation in the courts.[55] Finally, in July 2003, in protest over a promised but not-received wage hike, salaried court interpreters across South Africa went out on strike: a phenomenon difficult to imagine in the U.S.[56] The post-apartheid Constitution in South Africa stipulated the promotion of sign language, due to the long marginalization of the deaf during the apartheid years; as a result, the field of sign language interpreting is progressing rapidly. The Deaf Federation of South Africa has prepared a code of ethics for the sign language interpreters.

Other parts of Africa are fostering the profession. One professor of linguistics who leads interpreter training in South Africa reports that students from several African countries attend.[57] Barclay's Bank has offered funding to the Kenya National Association of the Deaf for sign language training for interpreters and introduced sign language interpreting on national television.[58] Other developments have taken place in Nigeria,[59] Botswana,[60] and Gambia.[61]

From Tunisia:
Tunisia is *"a homogeneous Arab Moslem community and the need for interpretation in health care rarely, if ever, arises."*

Fathi Al Salti,
AIIC interpreter

From Africa:
It can hardly be news to anyone that we are living in a period of intense social change. But what is perhaps less obvious is how important language is within the changes that are taking place.

Norman Fairclough,
quoted in *Language Policy and Plan for South Africa*

The U.S. Sign language interpreters lead the way in the U.S.: their profession in more highly developed than any other field of interpreting. Two national codes of ethics and a set of national standards of practice exist. Recently two major organizations (Registry of Interpreters for the Deaf, RID, and National Association for the Deaf, NAD) have collaborated to combine their respective national codes of ethics into a single national code, currently in a draft stage.[62] In addition to a 31-page "Standard Practice Paper," RID has developed a detailed set of papers on the practice of sign language interpreting across a broad sector of areas (health care, educational, conference, etc) and set up a certification process. The professionalization of American sign language interpreters far exceeds that of medical interpreters who offer language assistance to immigrants and refugees. It also appears anecdotally that in the U.S., sign language interpreters enjoy higher rates of pay, more professional status and better working conditions than spoken language interpreters.

Conference and diplomatic interpreting as a profession appears more established on the East coast than elsewhere in the U.S. The professionalization of court interpreters, while ongoing, compares favorably to other parts of the world. Certified federal or state court interpreters in the U.S. must pass a rigorous exam, though not all states certify interpreters. (At least 30 do so). Each member of a consortium of state courts has adopted a code of practice, while federal courts have their own national code of ethics and protocol. Though standards of practice are now emerging, none approaches in scope or detail those proposed in *Aequitas*, the draft document for European Union court interpreters.

In health care interpreting, the U.S. is clearly the world leader. A number of large and small organizations have developed or adopted codes or ethics and standards of practice for interpreters in health care. The field is vital with professional associations, list-serv discussions, draft documents, coalitions, movements, draft or approved legislation, and other developments, including the NCIHC project to draft national standards of practice for interpreters in health care for which this scan was prepared.

The guiding purpose of these standards of practice is to support the health and well-being of the patient.
California Standards for Health Care Interpreters[63]

The purpose of Health Care Interpreting is to overcome language barriers that impede access to Health Care services.
British Columbia Standards for Health Care Interpreting[64]

The interpreter's primary task is interpretation… The standards, however, go beyond the skills of conversion and recognize the complexities of interpretation and the clinical interview… These standards of practice also recognize the importance of the medical encounter in establishing a therapeutic connection between provider and patient.
Massachusetts Medical Interpreters Association Medical Interpreting Standards of Practice

Not all standards of practice for interpreters address the goal or purpose of the standards as clearly as the statements above, which are more typical in standards of practice for health care interpreters than for legal or conference interpreting. Yet stating a clear purpose is one of the features that make standards of practice so different from each other.

While it may be presumptuous to offer an overview of such disparate documents, Table 1 offers a summary of the most common findings in this scan: a "snapshot" of significant trends. Table 2 compares developments in various areas of interpreting around the world.

GENERAL FINDINGS

In comparing documents from around the world, this scan found that:

- Codes of ethics or conduct, in all areas of interpreting, vastly outnumber standards of practice (by approximately 5 to 1 among documents scanned).
- Codes of ethics were found around the globe, but far more documents on standards of practice were found within than outside the U.S.
- Standards of practice for interpreting in health care may be unique to the U.S. and Canada.
- Some standards apply to general interpreting, while a number pertain to specific types of interpreting.
- Standards for interpreters are not radically different in content from codes of ethics, though often presented differently.
- Standards of practice tend to be longer and more detailed than codes of ethics.
- The content of codes of ethics is typically found in standards of practice, while the reverse is less common.

TABLE 1: CODES OF ETHICS AND STANDARDS OF PRACTICE FOR INTERPRETERS

Principles common to most documents (ethics or standards)	Principles common to some documents (ethics or standards)	Codes of Ethics	Standards of Practice
Universal ▪ Protect confidentiality. ▪ Avoid/disclose conflict of interest.	*Somewhat common* ▪ Support beginners. ▪ Sight translate as needed ▪ Express respect for colleagues	*Common characteristics* ▪ Focused on "right and wrong" ▪ Many quite brief. ▪ Black and white: not nuanced	*Common characteristics* ▪ May be long or short. ▪ Focus is on how to interpret. ▪ May offer details.
Near-universal ▪ Accept no assignment for which the interpreter is not competent.	*Very common* ▪ Exhibit professionalism	*Purpose* ▪ Issue rules ▪ Makes the rules binding	*Purpose* ▪ To offer guidelines. ▪ To reinforce/support ethic
Extremely common ▪ Give no advice. ▪ Offer no opinions. ▪ Be accurate/faithful to meaning. ▪ Do not add, omit, change. ▪ Remain impartial and objective. ▪ Waive confidentiality only w/client's agreement or by law. ▪ Obtain no personal advantage ▪ Maintain high standards ▪ If not competent, withdraw	*Less common* ▪ Interpret offensive language. ▪ Remind parties that everything said or signed will be interpreted. ▪ Ask offensive speaker if s/he would like to rephrase. ▪ Build notetaking, memory skills. ▪ Display cultural sensitivity. ▪ Report violations of ethics ▪ Care for documents, property	*Common to some/many codes of ethics/conduct but not standards* ▪ Submit to disciplinary procedure for breach of the code of ethics ▪ Be responsible/liable for work. ▪ Respect fee schedule set by association. ▪ Maintain high standards. ▪ No competitive advertising ▪ No price undercutting ▪ No use of association's seal	*Common to some standards but less common in codes of ethics* ▪ Hold pre-session. ▪ Explain interpreter roles ▪ Maintain boundaries. ▪ Arrive promptly or early. ▪ Prepare for assignments. ▪ Appropriate positioning. ▪ No gifts, gratuities ▪ Dress appropriately. ▪ Show cultural sensitivity
Common to many ▪ Honor integrity. ▪ Show respect for all parties. ▪ Maintain professionalism. ▪ Pursue professional development ▪ Do not cancel without just cause. ▪ Promote professional solidarity. ▪ Prepare for assignments	*Cultural note* Dignity, whether for the interpreter or the profession, appears to be more commonly mentioned in documents from outside the U.S. than in those within this country.	*Distinguishing concerns* ▪ Legal and ethical propriety. ▪ Emphasis on strict boundaries. ▪ Rule-bound. ▪ Strong focus on impartiality ▪ Dignity/image/role of the governing body often emphasized	*Distinguishing concerns* ▪ Professional practice ▪ Best interests of client ▪ Concern for roles. ▪ Promoting bonds. ▪ Impartiality may be impossible/ undesirable

TABLE 2: DEVELOPMENTS AROUND THE WORLD

U.S. and Canada	Australia	Europe	Other parts of the world
General interpreting ▪ More established in Canada ▪ Fragmented in the U.S. ▪ Canada has national & provincial ethics, certification	*General interpreting* ▪ National ethics, standards and certification ▪ National interpreter service with trained interpreters	*General interpreting* ▪ Advanced in some nations ▪ Sign language and conference well established ▪ Community interpreting lags	*General interpreting* ▪ An emerging profession. ▪ Conference interpreting and AIIC codes prevail ▪ AIIC is often the de facto code for general interpreters.
Community interpreting ▪ Making swift strides ▪ Some support from laws ▪ Driven by developments in health care interpreting. ▪ Growing concern for training, ethics, standards ▪ Bilingual employees and volunteers perform most of it	*Community interpreting* ▪ Relatively sophisticated ▪ Supported by laws ▪ Standards do not differentiate between general/community int'g ▪ Still some problems in less common languages ▪ Not all interpreters qualified or certified	*Community interpreting* ▪ Febrile dev'ts in some nations. ▪ Almost none in others ▪ Less advanced than legal ▪ Cultural mediators trained ▪ Field driven by dev'ts in health care interpreting: Belgium, Switzerland, U.K. are among the leaders.	*Community interpreting* ▪ In its infancy. ▪ Little discussed ▪ Interesting exceptions, e.g., Africa ▪ Nations with few immigrants/ high poverty are not concerned with it.
Health care interpreting ▪ More advanced than any other region reviewed. ▪ Febrile recent dev'ts ▪ Growing concern for training, ethics/standards	*Health care interpreting* ▪ Relatively sophisticated ▪ Lacks national standards, ethics specific to health care ▪ Some frustration in field	*Health care interpreting* ▪ Emerging profession ▪ Role of "cultural mediators" ▪ Recent dev'ts in training. ▪ No national standards found.	*Health care interpreting* ▪ Few dev'ts in Latin America, Middle East, Asia ▪ Rapid strides in some parts of Africa, esp. South Africa ▪ Absent in Middle East
Sign language interpreting ▪ Sophisticated, advanced ▪ Good work conditions, pay ▪ Good conditions attributed to training and certification ▪ Laws also a large factor ▪ Educational interpreting its own field: developing rapidly	*Sign language interpreting* ▪ Not as developed as foreign language interpreting ▪ Laws weaker than U.S. ▪ Deaf associations pursuing legal measures	*Sign language interpreting* ▪ Growing sophistication ▪ Rapid developments ▪ Some nations have laws offering right to an interpreter ▪ Codes of ethics common ▪ Standards not yet developed	*Sign language interpreting* ▪ Not all sign languages have legal status/recognition ▪ Slow progress: frustration ▪ Some feel U.S. does not understand conditions faced ▪ Interesting developments in Latin Africa ▪ Ethics/standards rare

COMPARING ETHICS AND STANDARDS

Tables 3 and 4 summarize findings about codes of ethics compared to standards of practice. The points included in both these tables are selective, not exhaustive. They are intended to be representative. For a more thorough review, see the complete report at www.ncihc.org.

To emphasize one important finding of this scan: *the vast majority of principles, and requirements found in codes of ethics or conduct were also found in standards of practice.* Often, though not always, standards included more details. Rather than recapitulate the common points in standards of practice that were also found in codes of ethics, Table 4 includes some of the principles found only (or primarily) in documents that addressed professional standards.

WHAT MAKES STANDARDS DIFFERENT IN CONTENT FROM ETHICS?

Standards of practice give practical, down-to-earth guidance that is often missing from codes of ethics, for example:

- Interpret nonverbal cues and body language (or: do not interpret them).
- Interpret patent untruths accurately.
- Ask for repetition or clarification as needed.
- Interpret within the social/cultural context.
- Retain English words mixed into the other language.
- Retain words lacking an equivalent in the target language.

For some types of interpreting, standards seem more disposed toward tackling logistics than addressing the end needs of the user(s) of the language services.

CORE CONCEPTS OF ETHICS AND STANDARDS

Issues common in virtually all codes of ethics or conduct and standards of practice, in one form or another are the following:

- Confidentiality
- Accuracy and/or completeness
- Impartiality

A few concerns that are nearly universal include:

- Interpreter competence
- Conflict of interest (the need to avoid or disclose it)
- Integrity
- High standards of performance

TABLE 3: General Principles and Requirements Found in CODES OF ETHICS/CODES OF CONDUCT

Confidentiality	Accuracy	Impartiality
Maintain confidentiality.	Maintain accuracy.	Maintain impartiality/neutrality.
Disclose only w/client agreement or by law.	No additions or omissions.	Give no advice.
No harm to client or third party from information obtained.	Maintain style, purpose, spirit, intention of message.	Allow no influence of feelings or beliefs on work.
Have colleagues/staff honor confidentiality.	Interpret everything.	Insert no opinions, even if asked.
Take no personal/3rd party gain from information obtained.	Promptly disclose, rectify errors.	Decline assignments that affect or undermine impartiality.
In cases of danger, notify authorities and document.	For errors discovered post hoc, notify parties in writing.	Withdraw if biased. No interpreting for known parties.
Maintain confidentiality with colleagues.	Interpret vulgar/disturbing language.	Engage in no side conversations.
Waive confidentiality in public settings.	Favor meaning over literalness.	Take no breaks with either party or stay alone with client.
No details in trainings.	Maintain language register.	Do not align/side with one party.
Confidentiality extends indefinitely.	If client says, "Don't interpret that," repeat obligation to interpret everything.	Do not give client personal contact information
Conflict of Interest	**Pre-Session**	Engage in no discrimination. Avoid stereotyping.
Avoid/declare conflict of interest.	Hold a pre-session and/or introductions	**Professional Work Conditions**
Withdraw if conflict of interest presents.	Clarify interpreter roles.	No assignments from clients.
Professional Competence	Say that everything will be interpreted.	Inform client of terms in advance; obtain agreement.
Accept no assignments if not qualified.	**Professionalism**	Respect rights and interests of parties.
Respect high standards of performance.	Maintain professionalism.	Obtain liability insurance.
If discovered incompetent, withdraw/resolve.	Maintain high standards.	If declining, name substitute.
Accurately represent qualifications.	Honor integrity of self, profession.	Provide no unnecessary service.
Prepare for assignments.	Maintain dignity of profession, association and/or interpreter.	If canceling or late, notify promptly, avoid harm to client.
Ensure conditions that promote work.	Be punctual or early.	Subcontract to qualified interpreter only.
Use dictionary as needed.	Respect laws/requirements.	No cancellation without just cause.
Withdraw if communication fails.	Dress in appropriate attire.	Bring/send no third parties.

TABLE 3: (cont.) General Principles and Requirements Found in CODES OF ETHICS/CODES OF CONDUCT

Membership in Professional Association	Interpreter Conduct	Interpreter Roles
Comply with association code.	Be polite, courteous, discreet.	No advocacy vs. some latitude for advocacy.
Be accountable for violations.	Be patent, even-tempered.	Be flexible.
Members to comply with other code (e.g. AIIC, courts.)	Honor commitments and deadlines.	Bilingual employees must also respect ethics.
Accept only work that meets association requirements.	Exercise due care with property.	Foster trust, mutual respect.
Protect integrity of organization.	Destroy notes after encounter.	Adopt positioning that promotes connection.
Foster public understanding of and/or positive image of profession.	**Professional Solidarity**	Practice cultural competence, use in work.
Members may advertise.	Engage in professional solidarity/ support.	**Compensation**
Notify association of breach of ethics.	Assist, support beginners.	Charge no additional fees.
Submit to investigation/ disciplinary procedures.	No unfair practice or breach of trust.	Accept no gifts, gratuities, benefits.
Professional Development	No false advertising or ads that discredit profession/association.	Charge reasonable fees.
Pursue professional development.	**Promote Communication**	Request compensation judiciously.
Keep abreast of literature, research.	Use language readily understood.	Fees may be reduced if work less than competent.
No malicious statements re: colleagues or association.	Adapt means/mode as needed.	Pro bono work to meet professional standards.
	Intervene to clarify.	

TABLE 4: General Principles and Precepts Found in STANDARDS OF PRACTICE

Professional Conduct	Accuracy	Impartiality
Accountable for decisionmaking.	Interpret nonverbal cues.	Do not show feelings in face, gestures.
Make decisions that on foster communication needs.	Interpret untruths accurately.	Exert no influence on parties.
Remain until dismissed.	Ask for clarification as needed.	No referrals to third parties.
Wear identification.	Ask for repetition as needed.	**Pre-Session**
For solo interpreters, one break per hour.	Interpret within cultural context.	Ask parties to speak to each other.
If withdrawing, report this to supervisor.	Retain "uninterpretable" words.	Ask to pause if needed.
May comment on corrections, reviews.	**Client Rights**	Confirm names, pronunciation.
In team, restrict comments to interpreting.	Do not exploit client trust.	Ask if they have worked with interpreters.
Confirm arrangements in advance.	Respect gender needs.	Offer clear, well-paced intro.
Ask for pauses to manage flow.	Promote patient self determination.	Adjust pre-session as needed.
Ask parties to keep pace (simultaneous interpreting).	Promote patient self-sufficiency.	**Interpreter Roles**
Ask parties to slow speech as needed.	**Professional Development**	Some information & referral.
Keep written translations rare/brief.	Maintain contact with the language.	In conflict over role, withdraw.
Hold translations while interpreting to lower standard than formal assignments.	Support professional development of colleagues.	Report any advocacy to supervisor.
No self promotion while on assignment.	**Membership in Professional Association**	Check for understanding.
Latitude for small gifts.	Member accountable for breach of ethics.	Do not usurp provider roles.
Provide information on policies.	This code supersedes employer's code.	Refer questions to provider.
Payment appropriate for certification, experience.	Respect ethics of other professions.	Do not answer questions or explain forms.
No false statements to public.	Members may set rates.	Provide cultural information outside the session.
Promote dignity of profession, trust among colleagues.	Respect ethics of other professions.	Avoid simultaneous dual roles.

WHAT DO ETHICS AND STANDARDS LOOK LIKE IN SPECIALIZED AREAS?

Conference Interpreting. AIIC international standards dominate the field. Both ethics and standards seem particularly focused on issues such as work conditions, logistics and contractual concerns: see Table 5 for examples.

TABLE 5: CONFERENCE INTERPRETING

Codes of Ethics and Conduct	Standards of Practice
▪ Do not work alone. ▪ Avoid systematic relay. ▪ Refuse assignments where physical conditions are inadequate. ▪ Require direct view of speaker and conference room (no video). ▪ Require working documents in advance. ▪ If being filmed or recorded, may request higher rates. ▪ Work no more than 2 consecutive hours. ▪ Ensure good sound, visibility (sight lines).	▪ Require working documents in advance. ▪ Request appropriate equipment, as needed. ▪ Members of one team receive the same pay. ▪ Normal workday 2 sessions up to 3 hrs. each. ▪ A team is at least two interpreters per language. ▪ # of interpretation booths = # of target languages. ▪ Contract to stipulate conditions for travel, respite and briefing days, accommodations, meals. ▪ Respect signed agreements (binding on members). ▪ Use booth for simultaneous interpreting. ▪ Avoid whisper interpreting (except small groups).

Legal and court interpreting. Surprisingly, although dozens of codes of conduct can be found for legal interpreters, few standards of practice exclusively addressed court and legal interpreters. In general, there is a concern in legal interpreting with accuracy, completeness, and impartiality. Another important precept is that the interpreter should insert no opinions or advice. In some documents it is made very clear that parties are expected to speak to each other, not the interpreter. Codes of conduct for court interpreters are often dry and to the point, while standards are more richly nuanced. Table 6 offers representative examples of the types of concerns addressed.

Sign language interpreting. In many countries, but particularly in the U.S., sign language interpreting has evolved into a complex, rigorous profession, well reflected in the broad scope of standards of practice, to which Table 7 does little justice.

Community Interpreting. *No standards of practice that exclusively addressed community (liaison, ad hoc, etc.) interpreting were found or reviewed in this scan*, although community interpreting was sometimes addressed (for example., in standards from Ohio aimed at community and legal interpreters). Issues in community interpreting are very similar to many found in medical interpreting. (See Table 8.)

Table 6: LEGAL/COURT INTERPRETING

Codes of Ethics and Conduct	Standards of Practice
▪ Respect court procedures.	▪ Meet with LEP client ahead to assess dialect.
▪ Use first person.	▪ Hold pre-session with LEP client.
▪ Interpret everything as said.	▪ Inform parties that everything is interpreted.
▪ No practicing of law/legal advice.	▪ Ask them to use direct speech.
▪ Respect legal privilege.	▪ Ask them to let the interpreter keep pace.
▪ Take break if competence will be impaired.	▪ Allow solo interpreters a break, once per hour.
▪ Do not discuss privileged information.	▪ Research the case. Prepare.
▪ Make no statements about merits of case.	▪ Arrive early; report to correct person.
▪ Use soft voice in simultaneous interpreting.	▪ Ensure good visibility of all parties.
▪ Use consecutive mode with witnesses.	▪ Preserve tone and register.
▪ Summarize only in "three-way-jumble."	▪ Notify court immediately of errors and correct.
▪ No side conversations during breaks.	▪ Consider gender requirements (e.g., rape cases).
▪ Record proceedings where possible.	▪ Observe dress codes. Wear identification.
▪ Do not use recordings (poor sound).	▪ Advise parties to pace flow.
▪ If asked to omit something, refuse.	▪ Intervene to asses/address misunderstanding.
▪ Respect oath to interpret accurately.	▪ Explain cultural frameworks as needed.
▪ Restrict role to interpreting.	▪ Seek appropriate counseling if traumatized.

Table 7: SIGN LANGUAGE INTERPRETING

Codes of Ethics and Conduct

- Discuss preferred mode/style/language w/client.
- Refrain from sexual contact with client.
- Recognize the role of cultural mediator.
- Do not use/buy/sell/offer alcohol, narcotics or drugs.

Educational Interpreting for the Deaf

- Form part of a collaborative school team.
- In the event of a conflict between two codes of ethics, notify superiors and seek resolution.
- Avoid simultaneous dual roles.

Sign Language Interpreting in Health Care Settings

- Respect federal and state laws governing confidentiality.
- Maintain professional boundaries.
- Collaborate with provider.
- Maintain least invasive role possible.
- Promote patient self determination.
- Exercise self care in mental health.

Sign Language Interpreting in Legal Settings

- Waive confidentiality if required by law.
- Ensure that court participants do not confuse gestual elements of sign language with inappropriate conduct.
- Ensure clear visibility of interpreters.
- Include all visual cues, facial and spatial grammar.

Standards of Practice

- For complex assignments use written contracts.
- Specify reimbursement for travel, down time/respite.
- Interpreter paid for "no shows" and short cancellations.
- Develop dual/multiple role policies in writing.
- Bilingual/multiple-role employees must respect code of ethics when they interpret.
- Team interpreters rotate every 20 – 30 minutes.
- Use appropriate no. of interpreters in each team.
- Use certified interpreters wherever possible.
- Do not stay alone w/client.

Educational Interpreting for the Deaf

- In event of disagreement over signing language used, discuss w/school or request IEP conference.
- Educate teachers on students' needs & limitations.
- May omit “extraneous” information.
- During lulls, interpreter may repeat information.
- Adapt signing level to student.
- Promote client independence, participation.
- Tutor child under supervision of certified teacher.
- Portray non-patronizing, positive attitudes.
- Schedule one break per hour.
- Ensure visibility of interpreter to all parties.
- Avoid bright clothing, nail polish, flashy jewelry.

MEDICAL AND HEALTH CARE INTERPRETING

Standards of practice for interpreters in health care differ in significant ways from those for most other fields of interpreting. More than any other area of interpreting, medical interpreting focuses on:

- The consumer's health and/or well being.
- Promoting the bond between provider and client.
- Exhibiting respect for all parties.

In great part this is due to three highly influential documents that have garnered a great deal of attention within the U.S. and abroad. They are: 1. *Medical Interpreting Standards of Practice* were developed by the Massachusetts Medical Interpreters Association (MMIA) & Education Development Center and published in 1995. 2. *California Standards for Healthcare Interpreters: Ethical Principles, Protocols and Guidance on Roles & Intervention*, were developed by the California Healthcare Interpreter Association (CHIA) with extensive support from The California Endowment and published in 2002. 3. *Bridging the Gap: A Basic Training for Medical Interpreters: Interpreter's Handbook* (1st Ed. - 1996; 3rd edition - 1999). 3. *Bridging the Gap,* an interpreter training manual developed by Cross Cultural Health Care Program in 1995 perhaps the best known program for medical interpreters in the U.S. For more information on these documents, their history, and their influence, see Appendix 4.

All three of these widely known documents in the U.S. take as "given" that the interpreter should protect the best interests of the patient by supporting the provider-patient relationship. This is an innovative departure that seems to have few historical roots in other sets of standards around the world. Yet similar developments are emerging in Canada, Belgium, Switzerland, and the United Kingdom. Table 8 illustrates a few of the common concerns found in this scan.

Table 8: HEALTH CARE & COMMUNITY INTERPRETING	
Codes of Ethics and Conduct	**Standards of Practice**
▪ Do not practice medicine. ▪ Ensure understanding. ▪ Explain cultural differences and practices. ▪ Allow client right to self determination. ▪ Maintain professional boundaries/distance. ▪ Be caring, attentive yet impartial. ▪ Use rapport building skills. ▪ Treat everyone with dignity, respect. ▪ Use appropriate tone of voice. ▪ Provide guidance on communication needs. ▪ Demonstrate empathy, cooperation. ▪ If client speaks in English, interpreter should not interpret but step back. ▪ Explain roles, style of interpreting to parties. ▪ Listen attentively. ▪ Use language that is readily understandable. ▪ Foster cross-cultural understanding. ▪ Sight translate as needed. ▪ Ensure that informed consent is informed. ▪ Confidentiality should accord with HIPAA. ▪ Display cultural sensitivity/ knowledge. ▪ Meet proficiency standards. ▪ Avoid stereotyping. ▪ Strive for certification.	▪ Use first person. ▪ Address cultural needs. ▪ Respect right of parties to disagree without showing bias. ▪ No influence of personal beliefs or feelings. ▪ Avoid behavior (e.g. eye-rolling) that displays bias. ▪ Recognize conflict between patient autonomy and beliefs. Educate provider about culture. ▪ Do not take control or usurp provider's role. ▪ Respect physical privacy in positioning. ▪ Protect interpreter's privacy, safety, well being. ▪ Ensure proficiency through testing and accreditation. ▪ Interpret tone of voice, emotion. ▪ Monitor personal biases and cultural beliefs. ▪ Apply ethical decisionmaking as needed. ▪ Monitor nonverbal cues for comprehension. ▪ Consider incremental intervention model (C.Roat) ▪ Address literacy barriers. ▪ Do not sign as witness for signed documents. ▪ Document signing of informed consent. ▪ Wear appropriate protective clothing. ▪ Use consecutive mode in most health care settings. ▪ Limit use of summary mode. ▪ Intervene in sensitive, culturally appropriate manner. ▪ Respect hospital safety requirements.

CORE ISSUES IN STANDARDS OF PRACTICE

What makes standards of practice look different from codes of ethics? In general, ethics lay down the rules for interpreter conduct. Standards of practice offer practical strategies for ensuring not only professional conduct but the smooth flow of communication. (Some of these strategies, to be sure, are controversial.) Most standards of practice look closely at the following:

- Roles
- Boundaries
- Logistics: setting the stage for the encounter
- The message
- Culture
- Managing the communication flow

CORE ISSUES IN STANDARDS OF PRACTICE FOR INTERPRETERS IN HEALTH CARE

Standards of care for health care and/or community interpreters in the U.S. and Canada consider the following points in some detail:

- How to navigate roles
- Trust
- Transparency (making sure that everyone knows if the interpreter is speaking for the client or him/herself)
- Strategies for promoting communication
- Decisionmaking (ethics, roles, advocacy)
- Health care logistics
- Education of all parties regarding health care, culture, needs of client
- Client well being
- Follow-up

WHAT WERE THE CONTRADICTIONS?

While there is consensus on a number of basic issues, such as confidentiality, other points are still open to discussion in standards of practice found within the U.S. and around the world. A few examples are given in Table 9.

Table 9: AREAS OF CONTROVERSY	
Statement or Principle	**Contradictory Statement or Principle**
Interpreter should never be alone with client.	Interpreter should spent time alone w/client to assess dialect match or establish rapport.
Be impartial and neutral.	Strive to protect the client's well being.
Omit nothing.	Educational interpreters may omit some things.
Remain slightly behind the client.	Adopt other positions. (Sign language and court interpreters also require good sight lines.)
No advocacy: interpreter should interpret.	Interpreter should advocate as needed.
Interpreters should decline all gifts.	Small gifts (such as food) are acceptable.
Interpret offensive and vulgar language.	Ask the speaker if they would like to rephrase.
Offer post-session information & referral.	Restrict activities to interpreting.
Interpret gestures, body language, etc.	Refrain from interpreting body language unless meaning is impaired.
It is unethical to compete for business.	Interpreters may compete for business.
Simultaneous interpreting is not appropriate in health care.	Simultaneous interpreting may be helpful in health care, esp. when multiple parties are speaking.
Look at provider and patient.	Avoid eye contact with provider and patient.
Offer no advice.	Some information and referral or cultural guidance are acceptable.

Standards of practice for interpreters in various fields are found around the world. They signal the professionalization of the field. The level of sophistication brought to the process is typically determined by the goals of associations of interpreters or other organizations that support their work, while in some cases government, private and nonprofit agencies support the development of these standards.

Evidence for professionalization is found in the development and content of interpreter codes of ethics to some degree, but particularly in standards of practice dedicated to a particular field of interpreting. To the extent that such a field has not yet adopted standards of practice, it is fair to question the extent to which it has established itself as a profession.

The world is a vast place: this reviewer cannot state definitively that no standards of practice intended exclusively for interpreters in health care exist outside the U.S. and Canada. That said, there is little question that the U.S. is an international hub of such activities. The eyes of community and medical interpreters around the globe will be on the U.S. as it develops a set of national standards of practice for interpreters in health care.

As this environmental scan makes clear, the need for standards of practice in all fields of interpreting but perhaps especially medical and community interpreting is pressing in many nations. In the U.S., the number of LEP residents continues to grow, and their need to access health services will not diminish in the foreseeable future. In addition, deaf children and adults still experience discrimination in their access to health services.

Finally, it is heartening to report a strong trend. With the possible exception of standards for educational interpreting for the deaf and the *Aequitas* document on legal interpreting, standards of practice for health care interpreting show more depth of reflection, concern for the client, and respect for the complex roles of the interpreter than the standards of practice for any other area of interpreting examined in this scan.

INTERPRETER STANDARDS OF PRACTICE, CODES/STANDARDS OF PROFESSIONAL CONDUCT AND/OR CODES OF ETHICS

Documents reviewed for the NCIHC Environmental Scan
January-February 2004

UNITED STATES

NATIONAL CODES OR STANDARDS

American Translators Association (ATA)
American Medical Interpreters and Translators Association (AMITAS)
American Society for Testing and Materials (ASTM)
National Association for the Deaf (NAD)
National Association of Judiciary Interpreters and Translators (NAJIT)
National Center for State Courts (NCSC): national codes of conduct for the state courts
National Council on Interpreting in Health Care (NCIHC): national code of ethics (available at www.ncihc.org)
Registry of Interpreters for the Deaf (code of ethics and standards of practice: used by a number of state councils/commissions in regulating sign language interpreting)
State Justice Institute: national standards for the state courts U.S. Federal Courts
A draft code for educational (K-12) interpreters for the deaf

REGIONAL: STATES (MEDICAL OR GENERAL)

California: California Healthcare Interpreters Association
Colorado Association of Professional Interpreters (uses state courts/MMIA/Harborview)
Indiana Minority Health Coalition (draft)
Kansas, KQAS: Kansas Commission for the Deaf and Hard of Hearing (Kansas Quality Assurance Screening for Sign Language Interpreters)
Minnesota Interpreters Standards Advisory Committee
Missouri State Committee of Interpreters for the Deaf
Massachusetts Medical Interpreter Association
Nebraska Association for Translators & Interpreters
Ohio: Community and Court Interpreters of Ohio: Community Interpreters Code of Ethics
Oregon Department of Human Services
Texas Commission for the Deaf and Hard of Hearing
Washington Department of Social and Health Services

REGIONAL (EDUCATIONAL INTERPRETERS FOR THE DEAF)

Colorado Department of Education
Florida Registry of Interpreters for the Deaf
Georgia Teachers of the Deaf
Kansas Department of Education
Kentucky School for the Deaf
Louisiana Department of Education
New York Onondaga-Cortland-Madison Board of Cooperative Educational Services

REGIONAL: STATE COURTS (most have adopted/adapted the NCSC model)

Arizona
Arkansas
California
Colorado
Delaware
Florida
Georgia
Hawai'i
Idaho
Illinois
Indiana
Kansas
Maryland
Massachusetts
Michigan
Minnesota
Missouri
Nebraska
Nevada
New Jersey
New Mexico
North Carolina (a rich document that includes standards and guidelines, not only ethics)
Oregon
Tennessee
Texas
Utah
Virginia
Washington
Wisconsin
Also: The Center for the Study of Ethics in Professions Professional Code of Court Interpreters

LOCAL PUBLIC AND PRIVATE ORGANIZATIONS

Academy of Languages (Washington state: uses several sets of standards)
Access Health Columbus, Interpreter Access.Com (Ohio): Medical interpreters in Ohio
ATA chapters or cooperating groups (who accept the ATA Code of Conduct)
Beth Israel Deaconess Medical Center (BIDMC, Massachusetts): uses MMIA but amplifies it for trainees
Boston Area Health Education Center
Center for Cross-Cultural Health (Minnesota)
Children's Mercy Hospital, Kansas City (Missouri)
Hennepin County Health Department (Minnesota): this LEP plan lists ethical concerns and certain standards of practice for interpreters.
HealthReach Community Care Clinic, HABLA medical interpreter program (Illinois)
Jackson University Disability Support Services (a department for student affairs regulating the use of interpreters for deaf students: based on NAD/RID)
Language Connections (Maryland)
Language Link (Kansas)
Massachusetts General Hospital
Mercy Medical Center (Iowa)
Multicultural Association of Medical Interpreters of Central New York, Inc. (MAMI)
Seattle-King County Public Health ("Guidelines and Ethical Behaviors to Ensure Successful Interpreted Medical Encounters")
Seattle Office for Civil Rights
Stanford Health Services
University of Minnesota Hospital Refugee Assistance Program
University of Washington, Harborview Medical Center

SAMPLE TRAINING MANUALS REVIEWED (HEALTH CARE OR COMMUNITY INTERPRETING)

Cross Cultural Health Care Program, *Bridging the Gap (3rd ed.)*
CTS Language Link, *Interpretation Training Handbook*
Health Reach Community Care Clinic, *Health Care Language by Access* (*HABLA*):
Home-study certification program for interpreters at a free clinic.
H. Mikkelson, *The Interpreter's Rx: A Training Program for Spanish-English Medical Interpreting.*
Monroe County Office of Mental Health, University of Rochester Department of Psychiatry, *Mental Health Interpreting: A Mentored Curriculum*
Region VIII Education Service Training Center, *Interpreter's Training Manual* (educational interpreting for the deaf)
UMass Memorial Medical Center, *Medical Interpreting Manual*

INTERNATIONAL

AIIC (International Association of Conference Interpreters)
CIAP (Conference Interpreters Asia Pacific: uses a code based on AIIC)
TAALS (The American Association of Language Specialists: international, based in DC): Standards of Professional Practice for Conference Interpreters and Translators
Aequitas (European Union, legal/court interpreters): code of ethics and conduct, guidelines to good practice, quality assurance and disciplinary procedures.
CILT (National Standards in Interpreting used in England, Wales, Northern Ireland and Scotland)
Calliope (international network of consultant/conference interpreters: uses AIIC standards)

CANADA

General and legal interpretation: CTTIC (national code of ethics) and codes of ethics from eight provinces (British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, Quebec, New Brunswick, Nova Scotia); some of these documents have legal status because interpreting is a regulated form of labor in several provinces
AVLIC (Association of Visual Language Interpreters of Canada)
Provincial/regional chapters of AVLIC (use AVLIC code)
Rules of Professional Conduct for Court Interpreters (for provincially certified court interpreters)
The Word Exchange (a private interpreter service, Missauga, Ontario)
Across Languages Translators and Interpreters Service (private service, London, Ontario, with standards of practice)
Vancouver, BC Health Interpreters Standards Initiative (standards of practice)

AUSTRALIA/NEW ZEALAND

AUSIT (Australian Institute of Interpreters and Translators)
NAATI (National Accreditation Authority for Translators and Interpreters)
New Zealand (national standards)
ASLIA, Association of Sign Language Interpreters of Australia (Code of Ethics; Guidelines for the Application of the ASLIA Code of Ethics)
Sign Language Interpreters Association of New Zealand: Code of Ethics; Code of Practice

OTHER COUNTRIES

Argentina (Asociación de Intérpretes de Conferencias de Argentina)
Argentina (Asociación Argentina de Traductores e Intérpretes)
Argentina (Colegio de Traductores Públicos de la Cuidad de Buenos Aires)
Austria, courts (Österreichischer Verband der Allgemein Beeideten und Gerichtlich Zertifizierten Dolmetscher)
Belgium (Chambre belge de traducteurs, interprètes et philologues)[1]
Belgium (Babel, a telephonic interpreting service)
Brazil (Sindicato Nacional dos Tradutores)
Brazil (Associação Profissional de Intérpretes de Conferência)
China (loosely knit group of freelance interpreters, following AIIC)

[1] In addition, in Belgium, the Coördinatiecel Interculturele Bemiddeling, a federal government office, defers to the MMIA standards and is preparing a code of conduct for community and general interpreters.

Colombia (Asociación Colombiana de Traductores y Intérpretes)
Denmark (Dansk Translatorvorbund)
Finland, courts (drawn up by Finnish Association of Translators and Interpreters, Finnish Union of Translators, Finnish Association of the Deaf and Finnish Sign Language Interpreters)
France, L'Association Française des Interprètes en Langue des Signes.
Germany (Bundesverband der Dolmetscher und Übersetzer)
Germany (Assoziierte Dolmetscher und Übersetzer in Norddeutschland: two professional associations)
Indonesia (Indonesian Translation Service: includes interpreters)
Ireland (Irish Translators and Interpreters' Association)
Italy (Associazone Italiana Traduttori ed Interpreti)
Netherlands (Dutch Association of Sign Language Interpreters)
Portugual (Associação de Intérpretes de Língua Gestual Portuguesa: code of ethics with standards of conduct)
Russia (Moscow Interpreter: standards of service provision with a few standards of practice)
Scotland (Scottish Association of Sign Language Interpreters): Code of Conduct and Practice
Spain (Catalonia: Asociació de Traductors I Interprets Jurats de Catalunya)
Spain (Traductores e Intérpretes del Norte)
Spain (Trinor, private service)
South Africa (South Africa Translators Institute: also an umbrella for interpreters)
Sweden, Legal, Financial and Administrative Services Agency (a public authority that regulates interpreter and translators, among other professions)
Switzerland (Association suisse des traducteurs, terminologues et interprètes)
UK: International Translation Institute (ITI)
UK: Institute of Linguists (IoL)
UK—England, Ireland and Wales: Association of Sign Language Interpreters. Code of Professional Conduct; Standards of Practice for Educational Interpreters

(Note: Where an organization's name was translated by that organization into English, the English name is used; where it was not translated, the original name is kept.)

GLOSSARY OF TERMS

The following set of definitions is excerpted from the glossary of interpreting terminology prepared by the NCIHC Standards, Training and Certification Committee (available at www.ncihc.org).

General Definitions (NCIHC glossary)

Advocacy: Any intervention (by an interpreter) that does not specifically relate to the interpretation process. Advocacy is intended to further the interests of one of the parties for whom the interpreting is done. Experts in the field of health care interpreting disagree on the degree of advocacy that interpreters should provide.

Certification: A process by which a governmental or professional organization attests to or certifies that an individual is qualified to provide a particular service. Certification calls for formal assessment, using an instrument that has been tested for validity and reliability, so that the certifying body can be confident that the individuals it certifies have the qualifications needed to do the job. Sometimes called *qualification*.

Certified interpreter: A **professional interpreter** who is certified as competent by a professional organization or government entity through rigorous testing based on appropriate and consistent criteria. Interpreters who have had limited training or have taken a screening test administered by an employing health, interpreter or referral agency are not considered certified.

Community interpreting: Interpreting that takes place in the course of communication in the local community among speakers of different languages. The community interpreter may or may not be a trained interpreter. See professional interpreter.

Consecutive interpreting: The conversion of a speaker or signer's message into another language after the speaker or signer pauses, in a specific social context [ASTM] see **simultaneous interpreting**.

First-person interpreting: The promotion by the interpreter of direct communication between the principal parties in the interaction through the use of direct utterances of each of the speakers, as though the interpreter were the voice of the person speaking, albeit in the language of the listener. For example, if the patient says, "My stomach hurts," the interpreter says (in the second language), "my stomach hurts," and not "she says her stomach hurts."

Health care interpreting: Interpreting that takes place in health care settings of any sort, including doctor's offices, clinics, hospitals, home health visits, mental health clinics, and public health presentations. Typically the setting is an interview between a health care provider (doctor, nurse, lab technician) and a patient (or the patient and one or more family members).

Interpreter: A person who renders a message spoken in one language into a second language, and who abides by a code of professional ethics.

Interpreting: The process of understanding and analyzing a spoken or signed message and re-expressing that message faithfully, accurately and objectively in another language, taking the cultural and social context into account. [ASTM] The purpose of interpreting is to enable communication between two or more individuals who do not speak each other's languages. (adjective) concerning or involved with interpreting. Examples*: interpreting services, interpreting issues*.

Interpretation: See **interpreting**. While the two words have the same meaning in the context of oral/signed communication, the term *interpreting* is preferred, because it emphasizes process rather than product and because the word *interpretation* has so many other uses outside the field of translation and interpreting.

Professional interpreter: An individual with appropriate training and experience who is able to interpret with consistency and accuracy and who adheres to a code of professional ethics.

Proficiency: Thorough language competence derived from training and practice.

Sign(ed) language: Language of hand gestures and symbols used for communication with deaf and hearing-impaired people.

Simultaneous interpreting: Converting a speaker or signer's message into another language while the speaker or signer continues to speak or sign. See **consecutive interpreting**.

Source language: The language of a speaker/signer who is being interpreted.

Target language: The language of the person receiving interpretation; the language into which an interpreter is interpreting at any given moment.

Telephone interpreting: Interpreting carried out remotely, with the interpreter connected by telephone to the principal parties, typically provided through a speaker-phone or headsets. In health care settings, the principal parties, e.g., doctor and patient, are normally in the same room, but telephone interpreting can be used to serve individuals who are also connected to each other only by telephone.

Translator: A person who translates written texts, especially one who does so professionally.

Transparency/transparent: The principle that everything that is said by any party in an interpreted conversation should be rendered in the other language, so that everything said can be heard and understood by everyone present. Whenever the interpreter has reason to enter into a conversation by speaking directly to either party in either language, the interpreter must subsequently interpret both his/her own speech and that of the party spoken to, for the benefit of those present who do not understand the language used. **Transparency** is maintained when everything said by any party present, including the interpreter speaking for him/herself, is interpreted into a language that others present can understand.

PROPOSED DEFINITIONS

The following definitions are descriptive, not prescriptive. They were prepared by the author in collaboration with NCIHC.

Code of ethics: The principles of right and wrong that are accepted by members of the profession in the exercise of their professional duties.

Commentary: A code of ethics is a document designed within reasonable limits to deter wrongdoing within a profession while promoting ethical conduct.

Code of professional conduct/Standards of professional conduct: A set of rules and guidelines governing the conduct of members of a profession and aspects of the practice of the profession.

Code/standards of professional responsibility: See definition of "Code of professional conduct."

Commentary: A code of conduct or professional responsibility may resemble a code of ethics. Some codes, however, focus less on issues of ethics or morality than on behavior and disciplinary procedures.

Guidelines for practice: A set of standards of practice for members of a profession that illustrates appropriate conduct and best practices for exercising of the profession. See "standards of practice."

Commentary: In essence, guidelines for practice appear to be a rudimentary or evolving form of standards of practice. The use of the word "guidelines" appears to make a weaker statement than "standards" or "code" of practice.

Standards of practice/Code of practice: A clear set of guidelines that delineate expectations for the interpreter's conduct and practice.

Commentary: Standards of practice focus on "what works." They are most commonly laid down by professional associations based on the current consensus and collective judgment of the profession at a particular point in time about what constitutes professional skills and behavior. The goal is less to regulate ethical conduct or establish disciplinary procedures than to ensure that the practice of the profession runs smoothly, in the best interest of all parties. The *purpose* of standards of practice is generally to ensure quality services that meet the consumer's end needs.

Community Interpreting: A Special Case

Community interpreting is an important if controversial term. As Mikkelson points out, it refers to interpreting that supports LEP clients seeking public services (including health care): "This type of interpreting is also known as liaison, ad hoc, three-cornered, dialogue, contact, public service, and cultural interpreting; there is very little consensus about the definitions of these terms and whether or not they are synonymous [...] Nevertheless, 'community interpreting' appears to be pushing aside the other terms in worldwide usage."

Standards for interpreter training: A set of principles and best practices that guide the development of curricular content for the training of professional interpreters.

Commentary: Such standards may specify, for example, the minimum number of hours for such a training (often considered to be 40 hours in the case of professional interpreters in the U.S.); the required or recommended qualifications of an instructor; and the content of the curriculum.

Standards for service provision: Standards established to regulate the delivery of services or promote best practices in service delivery.

Commentary: An outstanding example of such standards is the "Culturally and Linguistically Appropriate Services (CLAS) Standards" established by the Office of Minority Health in 2001 (see above). CLAS Standards were developed as voluntary guidelines for health care services.

For ease of usage, and to avoid repetition, documents that fall loosely into the category of codes of ethics or conduct will be referred to as **codes of ethics or conduct**, while documents that fall loosely into the category of standards of practice (include guidelines of practice, guidelines for interpreters, codes of practice, etc.) will be referred to as **standards of practice**.

THREE INFLUENTIAL DOCUMENTS IN MEDICAL INTERPRETING

1. *Medical Interpreting Standards of Practice* were developed by the Massachusetts Medical Interpreters Association (MMIA) & Education Development Center and published in 1995. Since then, they have exerted an enormous influence on the field. Widely cited in training manuals, these standards (including a code of ethics) are referenced or reproduced in many other documents reviewed. The policies and procedures of many health care interpreter services or associations have adopted or refer to the MMIA guide. It some respects MMIA standards have become—in the absence of a national document—de facto national standards. MMIA, a nonprofit professional association of interpreters that may be the oldest such institution in the U.S., has members who speak more than 70 languages and is committed to equal access to quality health care for all. In part, the national and international influence of MMIA standards is due to the rich material the standards cover and the level of complexity that they acknowledge and address. They also offer detailed, practical guidance. The standards make explicitly clear that interpreters in health care have three "jobs" to perform: transforming the message; mediating barriers to understanding; and promoting the patient-provider relationship. Finally, the MMIA standards (unlike others reviewed) offer a methodology for assessing interpreter competence and skills.

2. *California Standards for Healthcare Interpreters: Ethical Principles, Protocols and Guidance on Roles & Intervention*, were developed by the California Healthcare Interpreter Association (CHIA) with extensive support from The California Endowment and published in 2002. These standards were developed in part to meet the needs of California interpreters, who had many questions and concerns about the complex roles of interpreters in health care. How should an interpreter decide when to engage in cultural mediation? What is advocacy, exactly, and when is it appropriate? Interpreters, interpreter trainers, administrators of interpreter services, smaller interpreter associations and language access supporters across California and the U.S. answered those questions. While these standards are recent, they have been well received in the field, in part because they specifically address steps for ethical decisionmaking. (The standards break those steps down in clear, simple language.) In addition, this document minces no words about its underlying goal: the "guiding purpose" of the standards is to support the health and well-being of the patient. In essence, CHIA standards support many aspects of the MMIA standards while amplifying certain details and offering new perspectives.

3. *Bridging the Gap: A Basic Training for Medical Interpreters: Interpreter's Handbook* (1st Ed. - 1996; 3rd edition - 1999).
An equally important document is perhaps the best known training manual for medical interpreters in the U.S.: *Bridging the Gap,* developed by Cross Cultural Health Care Program in 1995. It would be difficult to overestimate the influence of this training across the country and beyond its borders, as well as its impact on the professionalization of the field. Terms from the training such as "conduit," "transparency," and "cultural broker," among others, have become common coin in the realm of health care interpreting. Currently the only interpreter training program with national stature, *Bridging the Gap* is referenced frequently in research, resource listings, discussions and cultural competence trainings. Like CHIA and MMIA standards, *Bridging the Gap* adopts the view that protecting the best interests of the patient is an important, delicate task that often falls to the interpreter and provides practical guidelines and standards.

What distinguishes all three documents from standards of practice for other fields of interpreting is not only their broad influence and the way they address healthcare interpreting as a profession. The unifying element is the role of the interpreter, which they tackle in detail. The focus of all three documents is practical. These standards illustrate the complexity of the interpreter's dilemma: to be the only member of a triad who can promote communication between two parties while trying to remain neutral and "transparent"—yet also ready to intervene at a moment's notice to protect the patient's best interests.

All three guidelines above—MMIA, CHIA and *Bridging the Gap*—take as "given" that the interpreter should protect the best interests of the patient by supporting the provider-patient relationship. This is an innovative departure that seems to have few historical roots in other sets of standards around the world. Yet similar developments are emerging in Canada, Belgium, Switzerland and the United Kingdom.

[1] Available at http://www.rid.org/coe03.pdf; http://www.nad.org/openhouse/programs/NIC/ethics.html; and http://www.rid.org/111.pdf.

[2] That larger project, like this environmental scan, is funded by The Commontwealth Fund and The California Endowment.

[3] Between 1970 and 2000. *C.f.* U.S. Census Bureau, Census 2000, Table DP-2, Profile of Selected Social Characteristics, 2000: United States; Lollock, L., *The Foreign Born Population in the United States: March 2000*, Current Population Reports, P20-534, U.S. Census Bureau, Washington, D.C.

[4] U.S. Bureau of the Census, Census 2000, Table DP-2: Profile of Selected Social Characteristics: 2000.

[5] See Footnote 2.

[6] For a community study that included ten focus groups, a forum and a written survey of foreign-born LEP residents of many nationalities regarding their access to health and human services, see Thomsen, D.F, Bancroft, M.A, 2002, *Connecting Across Cultures: Improving Access to Health and Human Services for the Foreign Born in Howard County, Maryland.* Columbia, MD: FIRN.

[7] See e.g., Baker DW, Hayes R, Fortier JP., 1998. Interpreter use and satisfaction with interpersonal aspects of care for Spanish-speaking patients. *Medical Care*. 36(10):1461-1470; Bauer HM, Rodriguez MA, Szkupinski Quiroga S, Flores-Ortiz YG. 2000. Barriers to health care for abused Latina and Asian immigrant women. *Journal of Health Care for the Poor & Underserved.*;11(1):33-44; Carrasquillo O, Orav EJ, Brennan TA, Burstin HR. Impact of language barriers on patient satisfaction in an emergency department. *Journal of General Internal Medicine*. 1999;14:82-87.

[8] D'Avanzo CE. Barriers to health care for Vietnamese refugees**.** *Journal of Professional Nursing.* 1992;8(4):245-253.

[9] David RA, Rhee M., 1998 The impact of language as a barrier to effective health care in an underserved urban Hispanic community. *The Mount Sinai Journal of Medicine.* 65(5-6): 393-397.

[10] See e.g., Feinberg E, Swartz K, Zaslavsky AM, Gardner J, Walker DK., 2002 Language proficiency and the enrollment of Medicaid-eligible children in publicly funded health insurance programs. *Maternal and Child Health Journal*. 6(1):5-18.

[11] For a well-rounded, annotated bibliography, see Jacobs, E.A. *et al*, 2003. Language Barriers in Health Care Settings: *An Annotated Bibliography of the Research Literature*. Woodland Hills, CA: The California Endowment. Much of the research in this section owes a debt to this valuable bibliography.

[12] The author has collected dozens of news stories from across the U.S. over the last three years concerning the consequences of failing to provide interpreters (or providing only untrained interpreters) in health care settings, mental health services, courts, schools and human services.

[13] See e.g., Jacobs, E., 2002 *A Volunteer Health Provider's Guide to Overcoming Language Barriers*. Pawtucket, Rhode Island: Volunteers in Health Care; and Pitkin Derose K, Baker DW, 2000. Limited English proficiency and Latinos' use of physician services. *Medical Care Research and Review*.57(1):76-91.

[14] Varennes, F., 1997. To *Speak or Not to Speak: The Rights of Persons Belonging to Linguistic Minorities*. Working paper prepared for the UN Subcommittee on Language Rights of Minorities. Geneva: UNESCO. Also: Varennes, F, 1996. *Language, Minorities and Human Rights*. The Hague: Martinus Nijhoff.

[15] *Ibid.*

[16] Hertog, E., Ed. 2000. *Aequitas: Access to Justice across Language and Culture in the European Union*, p. 10. Available at http://www.legalinttrans.info/Aequitas.pdf.

[17] *Ibid,* pp. 10-14.

[18] Australian Alliance for Languages, 2001. Statement of Needs and Priorities for Language Policy in Australia. Available at http://www.latrobe.edu.au/rclt/als/aalp.pdf

[19] New Zealand Office of Ethnic Affairs, 2002. *Let's Talk: Government Guidelines for Agencies Hiring Interpreters.* Auckland: New Zealand Department of Internal Affairs, p. 5.

[20] Official Languages Law Group (Department of Justice Canada), Department of Heritage Canada, 2000. *Annotated Language Laws of Canada (Constitutional, Federal, Provincial and Territorial Laws).* Ottawa: Department of Justice Canada.

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